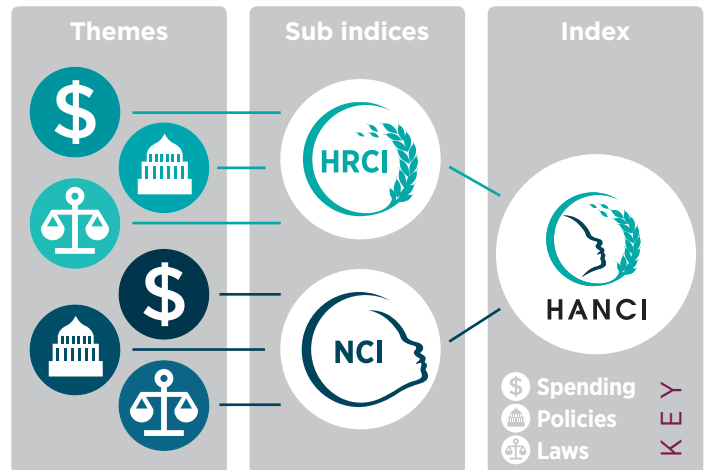
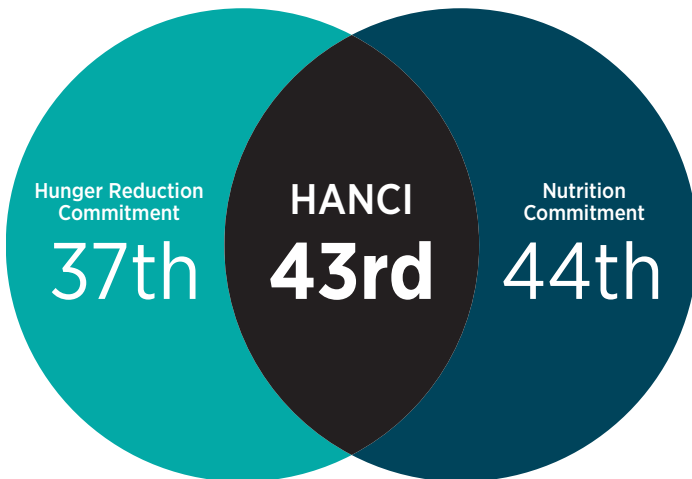




Key data for Eswatini



Existing rates of: **Wasting: 2%** **Stunting: 25.5%** **Proportion of population underweight: 5.8%**

Source: Government of Eswatini (MICS,2014)











Strong Performance

- Eswatini has introduced a multisectoral and multistakeholder policy coordination mechanism to support delivery of the National Nutrition Policy/Strategy.
- The Government of Eswatini promotes complementary feeding practices.
- In Eswatini 98.5% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2014.

Areas for improvement

- Spending on agriculture (2.5% of public spending in 2018), does not meet government commitments set out in the African Union’s Maputo Declaration (10% of public spending).
- Eswatini’s spending in its health sector (10% of public spending in 2017) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In Eswatini, the law does not give women legal access to agricultural land equal to men. Men and women have equal economic rights, but this is not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- Relative to other HANCI countries, Eswatini’s medium/long term national development policy (National Development Plan. Towards Economic Recovery) places weak importance to nutrition.
- Eswatini does not have a separate budget line for nutrition; this prevents transparency and accountability for spending.
- Eswatini does not yet have a National Nutrition Policy/Strategy.
- Policymakers in Eswatini do not benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2014.
- The Government of Eswatini has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Eswatini has achieved two high doses of vitamin A supplementation for only 33% of children in 2017.
- Weak access to improved sanitation facilities (58.4% in 2017) obstructs better hunger and nutrition outcomes.
- In Eswatini, constitutional protection of the right to food and the right to social security is weak.
- Social safety nets in Eswatini are basic and only cover few risks for a limited number of beneficiaries.

Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
 Public spending on agriculture as share of total public spending ¹	2.5%	2018	31st
 Public spending on health as share of total public spending ²	10%	2017	Joint 10th
Policies			
 Access to land (security of tenure) ³	Moderate	2014	20th
 Access to agricultural research and extension services ³	Moderate	2013	Joint 27th
 Civil registration system — coverage of live births	53.5%	2014	33rd
 Functioning of social protection systems ³	Weak	2020	Joint 25th
Laws			
 Level of constitutional protection of the right to food ³	Weak	2016	Joint 29th
 Equality of women's access to agricultural land (property rights) ⁴	Not in Law	2019	Joint 39th
 Equality of women's economic rights ⁴	In Law, not in Practice	2019	Joint 9th
 Constitutional right to social security (yes/no)	No	2005	Joint 26th













¹ Possible scores are: ● <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration) ● >=75% & <100% ● >=100%

² Possible scores are: ● <75% of health spending pledges (AU commitments set out in the Abuja Declaration) ● >=75% & <100% ● >=100%

³ Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very Strong

⁴ Possible scores are: ● Not in Law ● In Law Not in Practice ● In Law & Practice

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45
 Separate budget for nutrition (No/Sectoral only/Yes)	No	2019	Joint 39th
Policies			
 Vitamin A supplementation coverage for children	33%	2017	Joint 37th
 Government promotes complementary feeding (yes/no)	Yes	2014	Joint 1st
 Population with access to an improved water source	78.3%	2017	26th
 Population with access to improved sanitation	58.4%	2017	9th
 Health care visits for pregnant women	98.5%	2014	3rd
 Nutrition features in national development policy ¹	Weak	2019-2022	35th
 National nutrition policy/strategy (yes/no)	No	2019	Joint 33rd
 Multisector and multistakeholder policy coordination (yes/no)	Yes	2019	Joint 1st
 Time bound nutrition targets (yes/no)	Yes	2019	Joint 1st
 National nutrition survey in last 3 years (yes/no)	No	2014	Joint 37th
Laws			
 ICMBMS [^] Enshrined in domestic law ²	Not Enshrined in Law	2019	Joint 33rd

¹ Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very Strong (Note: Performance relative to other countries).

² Possible scores are: ● Not Enshrined in Law ● Few/Many Aspects Enshrined ● Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes